FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires:
Estimated average burden hours per response.....16.00

| SEC USE ONLY |           |        |  |  |  |  |  |
|--------------|-----------|--------|--|--|--|--|--|
| Prefix       |           | Serial |  |  |  |  |  |
|              |           |        |  |  |  |  |  |
| DA           | TE RECEIV | ED     |  |  |  |  |  |
|              |           |        |  |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |  |
|--|--|
| Sale of Soft Wave Media, Inc. Common Stock, par value .01 per share  | CALL                                   |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  | ULOB-STORMECENTED BROOM                |
| A. BASIC IDENTIFICATION DATA   | HSS SS                                 |
| 1. Enter the information requested about the issuer  | 0 20nc 6                               |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Soft Wave Media, inc.  | SECTION                                |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code) |
| One Bridge Street, Suite 56, Irvington, NY 10533   | 914-674-2023                           |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  | Telephone Number (Including Area Code) |
| Brief Description of Business Internet-based radio and other media advertising business  | PROCESSE                               |
| Type of Business Organization  Corporation   limited partnership, already formed   other (purpose trust   limited partnership, to be formed  | please specify): THOMSON               |
| Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: On Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | mated  DE                              |

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filling of a federal notice.

1 of 9

|   |                    | acceptant some acceptance and acceptance and acceptance | ENTIFICATION:DATA:          |                                       |   |
|---|--------------------|---|-----------------------------|---------------------------------------|---|
| <ol> <li>Enter the information r</li> <li>Each promoter of</li> </ol> |                    | llowing:<br>suer has been organized w                   | vithin the past five years; |                                       |   |
|   |                    |   | =                           |                                       | a class of equity securities of the issuer. |
|   |                    |   | corporate general and man   | naging partners of p                  | partnership issuers; and                    |
| - Each general and  | managing partner o | f partnership issuers.                                  | ·                           |                                       |   |
| Check Box(es) that Apply:   | Promoter           |   | Executive Officer           | Director                              | General and/or Managing Partner             |
| Full Name (Last name first,<br>Soft Wave Media, LLC                   | if individual)     |   |                             |                                       |   |
| Business or Residence Addr<br>One Bridge Street, Suite                |                    |   | ode)                        |                                       |   |
| Check Box(es) that Apply:   | Promoter           | Beneficial Owner  | Executive Officer           | Director                              | General and/or Managing Partner             |
| Full Name (Last name first,<br>Stavros Aloizos                        | if individual)     |   |                             | · · · · · · · · · · · · · · · · · · · |   |
| Business or Residence Addr<br>One Bridge Street, Suite                |                    | _   | ode)                        |                                       |   |
| Check Box(es) that Apply:   | Promoter           | Beneficial Owner  | ☑ Executive Officer         | Director                              | General and/or Managing Partner             |
| Full Name (Last name first,<br>Mike Caprio                            | if individual)     |   |                             |                                       |   |
| Business or Residence Addre   | ess (Number and    | Street, City, State, Zip C                              | ode)                        |                                       |   |
| One Bridge Street, Suite  | 56, Irvington, NY  | 7 10533   |                             |                                       |   |
| Check Box(es) that Apply:   | Promoter           | Beneficial Owner  | Z Executive Officer         | Director                              | General and/or Managing Partner             |
| Full Name (Last name first,   | if individual)     |   |                             |                                       |   |
| Chuck Omphalius   |                    |   |                             |                                       |   |
| Business or Residence Addre<br>One Bridge Street, Suite               |                    | _   | ode)                        |                                       |   |
| Check Box(es) that Apply:   | Promoter           | ☐ Beneficial Owner                                      | Z Executive Officer         | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, :<br>Josh Wexler                          | f individual)      |   |                             |                                       |   |
| Business or Residence Addre<br>One Bridge Street, Suite               | •                  |   | ode)                        |                                       |   |
| Check Box(es) that Apply:   | Promoter           | Beneficial Owner  | Executive Officer           | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i   | f individual)      |   |                             |                                       |   |
| Business or Residence Addre   | ss (Number and     | Street, City, State, Zip Co                             | ode)                        |                                       |   |
| Check Box(es) that Apply:   | Promoter           | Beneficial Owner  | Executive Officer           | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i   | f individual)      |   |                             |                                       |   |
| Business or Residence Addre   | ss (Number and S   | Street, City, State, Zip Co                             | ode)                        |                                       |   |
|   | (Use blan          | ik sheet, or copy and use                               | additional copies of this s | heet, as necessary)                   | )   |

|  |   |             |               |              | 3 - B IN     | FORMATIO      | )NABOUT    | OFFERIN | C - 1,1     |          |   |                          |                |
|--|---|-------------|---------------|--------------|--------------|---------------|------------|---------|-------------|----------|---|--------------------------|----------------|
|  |   |             |               |              |              |               | *** * * *  |         | uli offorio | ~?       |   | Yes<br>D                 | No<br>No       |
| _1   | _Has the  | issuer sold | l, or does th |              | •            |               |            |         |             |          | *************************************** | t-d                      | <u>a</u>       |
| ^  | 7777 . 4 1-   | 47          |               |              |              | Appendix,     |            |         | •           |          |   | <sub>\$</sub> 15,0       | 00.00          |
| 2.   | W nat is  | the minim   | ium investm   | ent that Wi  | III de accep | ten mom ar    | th maintar | 3.1 !   |             |          |   | Yes                      | No             |
| 3.   | Does th   | e offering  | permit joint  | ownership    | of a singl   | e unit?       |            |         |             |          |   |                          |                |
| 4.   | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any       |             |               |              |              |               |            |         |             |          |   |                          |                |
| commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state |   |             |               |              |              |               |            |         | · .         |          |   |                          |                |
|  | or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such |             |               |              |              |               |            |         |             |          | L                                       |                          |                |
| a broker or dealer, you may set forth the information for that broker or dealer only.  |   |             |               |              |              |               |            |         |             |          |   |                          |                |
| Full Name (Last name first, if individual)   |   |             |               |              |              |               |            |         |             |          |   |                          |                |
| Bu   | siness or   | Residence   | Address (N    | umber and    | Street, Ci   | ty, State, Z  | ip Code)   |         |             |          |   |                          |                |
| Na   | me of Ass   | ociated B   | roker or De   | aler         |              |               |            |         | <del></del> | <u> </u> |   |                          |                |
|  |   |             |               |              |              |               |            |         |             |          |   |                          |                |
| Sta  |   |             | n Listed Has  |              |              |               |            |         |             |          |   | 1.1 سما                  | 1 (4.4.        |
|  | (Check  | "All State  | s" or check   | individual   | States)      |               |            |         |             |          | <b>.</b>                                | .   Al                   | l States       |
|  | AL  | AK          | ĀZ            | ĀR           | CA           | CO            | CT         | DE      | DC          | FL       | GA                                      | HI                       | ID             |
|  | IL  | ĪN          | IA            | KS           | KY           | LA            | ME         | MD      | MA          | MI       | MN                                      | MS                       | MO             |
|  | MT  | NE          | NV            | NH           | NJ           | NM            | NY         | NC      | ND          | OH]      | OK TU                                   | OR                       | PA             |
|  | RI  | SC          | SD            | TN           | TX           | UT            | VT         | VA      | WA          | WV       | WI                                      | WY                       | PR             |
| Fu   | ll Name (   | Last name   | first, if ind | ividual)     |              | · -           |            |         |             |          | · · · · · · · · · · · · · · · · · · ·   |                          |                |
|  |   | Daridano    | e Address (1  | Tumber an    | A Street C   | ity State 3   | 7in Code)  |         |             |          |   | ·                        |                |
| DU.  |   | Residence   | e Address (1  | VULLIOCI ALI | u oncor, c   | nty, Otato, 2 | Sip cods)  |         |             |          |   |                          |                |
| Na   | ame of As   | sociated B  | roker or De   | aler         |              |               |            |         |             |          |   |                          |                |
| Sta  | ates in Wh  | ich Person  | n Listed Ha   | s Solicited  | or Intends   | to Solicit    | Purchasers |         |             |          |   |                          |                |
|  |   |             | s" or check   |              |              |               |            |         |             |          |   | 🗌 A                      | II States      |
|  | ·   |             |               |              |              |               |            |         |             | FL       | GA                                      | HI                       | ID             |
|  | AL]   | AK          | AZ IA         | AR<br>KS     | CA<br>KY     | LA            | CT<br>ME   | DE MD   | DC<br>MA    | M        | MN                                      | MS                       | MO             |
|  | IL MT   | NE          | NV            | NH           | NJ           | NM            | NY         | NC      | ND          | OH       | OK                                      | OR                       | PA             |
|  | RI .  | SC          | SD            | TN           | TX           | UT            | VT         | VA      | WA          | WV       | WI                                      | $\overline{\mathrm{WY}}$ | PR             |
| Fu   | ıll Name (  | Last name   | first, if ind | ividual)     | <del>-</del> |               |            |         |             |          |   |                          | <del>~~~</del> |
| D.   | roiness or  | Dasidano    | e Address (I  | Mumber an    | d Street C   | 'ity State    | Zin Code)  |         |             |          | ·                                       |                          |                |
| βl   | TRITICS2 OF   | residence   | e Address (   |              | id Diroos, c | nty, biato, . | erp code,  |         |             |          |   |                          |                |
| Na   | ame of As   | sociated B  | roker or De   | aler         |              |               |            |         |             |          |   |                          |                |
| St   | ates in Wh  | nich Person | n Listed Ha   | s Solicited  | or Intends   | to Solicit    | Purchasers | }       |             |          |   |                          |                |
|  |   |             | s" or check   |              |              |               |            |         |             |          |   | 🗆 A                      | II States      |
|  | AL  | AK          | AZ            | AR           | CA           | CO            | CT         | DE      | DC          | FL       | GA                                      | HI                       | ID             |
|  |   | IN          | IA            | KS           | KY           | LA            | ME         | MD      | MA          | MI       | MN                                      | MS                       | MO             |
|  | MT  | NE          | NV            | NH           | ИЛ           | MM            | NY         | NC      | ND          | OH       | OK OK                                   | OR<br>WY                 | PA<br>PR       |
|  | RI  | SC          | SD            | TN           | TX           | UT            | VT         | VA      | WA          | WV       | $\overline{\mathbb{W}}$                 | YY X                     | <u>rk</u>      |

| ,<br>l | Enter the aggregate offering price of securities included in this offering and the total amount already  |                                       |              |                        |
|--------|--|---------------------------------------|--------------|------------------------|
|        | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and   |                                       |              |                        |
|        | already exchanged.   |                                       |              |                        |
|        | Type of Security   | Aggregate<br>Offering Price           |              | Ämount Already<br>Sold |
|        | Debt   |                                       | . \$         |                        |
|        | Equity   |                                       | - \$         | 2,000,000.00           |
|        | ✓ Common ☐ Preferred   |                                       | - `          |                        |
|        | Convertible Securities (including warrants)  | 3                                     | \$           |                        |
|        | Partnership Interests  |                                       |              |                        |
|        | Other (Specify)  |                                       |              |                        |
|        | Total  | 2,000,000.00                          | - ·          | 2,000,000.00           |
|        | Answer also in Appendix, Column 3, if filing under ULOE.   | <b>}</b>                              | - 4          |                        |
| 2      |  |                                       |              | •                      |
| 2,     | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate   |                                       |              |                        |
|        | the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  |                                       |              |                        |
|        | purchases on the total lines. Enter of it answer is none of zero.  |                                       |              | Aggregate              |
|        |  | Number                                |              | Dollar Amount          |
|        |  | Investors                             |              | of Purchases           |
|        | Accredited Investors   |                                       | -            | \$ 2,000,000.00        |
|        | Non-accredited Investors   | 0                                     | -            | \$_0.00                |
|        | Total (for filings under Rule 504 only)  |                                       | _            | \$                     |
|        | Answer also in Appendix, Column 4, if filing under ULOE.   |                                       |              |                        |
| 3.     | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities  |                                       |              |                        |
|        | sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                                       |              |                        |
|        | mise sade of securities in this offering. Classify securities by type listed in 1 at C — Question 1.   |                                       |              |                        |
|        | m  | Type of                               |              | Dollar Amount          |
|        | Type of Offering   | Security                              |              | Sold                   |
|        | Rule 505   |                                       |              | \$                     |
|        | Regulation A   |                                       |              | \$                     |
|        | Rule 504   |                                       |              | \$                     |
|        | Total  | · · · · · · · · · · · · · · · · · · · |              | \$                     |
| 4      | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                                       |              |                        |
|        | Transfer Agent's Fees  |                                       | ٦ :          | S                      |
|        | Printing and Engraving Costs   | _                                     | -<br>7 :     | <u></u>                |
|        | Legal Fees   | -                                     | _<br>ব       | 43,000                 |
|        | Accounting Fees  | _                                     | 기 :<br>기 :   | 5,000                  |
|        | Engineering Fees   | _                                     | - '<br>- '   | · <del></del>          |
|        | Sales Commissions (specify finders' fees separately)   | _                                     | J ,          |                        |
|        | Other Expenses (identify) blue sky filing fees   |                                       | י ו <i>ג</i> | 2,000                  |
|        | Outer pylonioes (incumity)   | <u>.</u>                              | '∐ `<br>~⁄ . | 50,000                 |

| 5.    | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for   |  |   |
|-------|---|--|---|
|       | each of the purposes shown. If the amount for any purpose is not known, furnish an estimate an check the box to the left of the estimate. The total of the payments listed must equal the adjusted gros proceeds to the issuer set forth in response to Part C — Question 4.b above.                              | i  |   |
|       |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                             |
|       | Salaries and fees   | . 720,000  | \$ 40,000   |
|       | Purchase of real estate   | . [ \$   |   |
|       | Purchase, rental or leasing and installation of machinery and equipment   | .[_]\$   | <b>₹</b> \$ 115,000                               |
|       | Construction or leasing of plant buildings and facilities   | <u> ∑\$ 35,000</u>                                     | \$  |
|       | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  | ,  |   |
|       | Repayment of indebtedness   |  | \$  |
|       | Working capital   | [ \$ 350,000   | \$ 175,000  |
|       | Other (specify): hosting fees (\$80,000) and interest (\$35,000)  | √ \$ 115,000   | <u> </u>  |
|       | professional fees (\$320,000) and Management Fees (180,000)   | -[]\$ <u>.</u>   | V\$ 400,000                                       |
|       | Column Totals   | 0 \$ 1,220,000   | J\$: 730,000                                      |
|       | Total Payments Listed (column totals added)   | <u> </u>   | 1,450,000   |
|       | D_FEDERAL SIGNATURE   |  |   |
| signa | issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not<br>ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm<br>information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) o | nission, upon writt                                    | nle 505, the following<br>en request of its staff |
| [ssue | of (Print or Type)  oft Wave Media, Inc.  Signature   | Date 1 2   | + 06  |
|       | of Signer (Print or Type)  Title of Signer (Print or Type)  Chief Executive Office  |  |   |

- ATTENȚION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)